

State of New Mexico  
 Voucher Batch Report  
 BusinessUnit 66500 Department of Health  
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD  
 AsOfDate 05/09/2012

0001144716 5/14/12

Number	Line	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
				Line#		Description				Year	Month		
00293703	1	I/S Meals & Lodging		1	542200	Employee I/S Meals & L.	06101	ADAMS RICH-001		2012	05	0000088227	Adams, 4.1-4.6.1
00293703	2	I/S Mileage and fare		1	542100	Employee I/S Mileage &	06101	ADAMS RICH-001		2012	05	0000088227	Adams, 4.1-4.6.1
Total For Voucher													873.10
													705.00
													168.10

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500  
 Voucher ID: 00293703  
 Voucher Style: Regular  
 Invoice Number: Adams, 4.1-4.6.12  
 Invoice Date: 05/04/2012  
 Total: 873.10

Vendor: ADAMS, RICHARD B  
 RUIDOSO PUBLIC HEALTH OFFICE  
 RUIDOSO, NM 88345  
 Pay Terms: Pay Now [Schedule Payments](#)

**Payment Information** Find | View All First 1 of 1 Last

Scheduled Payment: 1  
 \*Remit to: 0000097303  
 Location: 001  
 \*Address: 1  
 ADAMS, RICHARD B  
 RUIDOSO PUBLIC HEALTH OFFICE  
 103 KANSAS CITY RD  
 RUIDOSO, NM 88345  
 Gross Amount: 873.10 USD  
 Discount: 0.00 USD  
 Discount Denied  
 Late Charge  
 Scheduled Due: 05/04/2012  
 Net Due: 05/04/2012  
 Discount Due:  
 Accounting Date:

**Payment Method**  
 \*Bank: WFB10  
 \*Account: B  
 \*Method: ACH ACH  
 Pay Group:  
 \*Handling: RE  
 \*Netting: N  
 Message: Message will appear on remittance advice.  
[Messages](#)

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500

Invoice Number: Adams, 4.1-4.6.12

Voucher ID: 00293703

Invoice Date: 05/04/2012

Voucher Style: Regular

Total: 873.10

Voucher Processing

☒ Post Voucher

☐ Close Voucher

☒ Revalue Voucher

☐ Delete Voucher

Accounting Instructions

\*Accounting Template: STANDARD

Account At: Gross

Match Action

\*Status:

Ready

☐ Pay Unmatched Voucher

Transaction Currency

\*Source:

Tables

\*Currency: USD

Rate Type: CRRNT

Exchange Rate:

1.00000000

Voucher Approval

\*Approval: Specify at this Level

Business Process: PROCESS\_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nur

SBI Number:

Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment

☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:

Tax Group

Saved

STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

NAME Richard Adam, MD

CAR LICENSE NUMBER LTR613

POST OF DUTY  
Ruidoso

SOCIAL SECURITY NUMBER

97303

MODEL Ford

RESIDENCE  
Ruidoso

PROPOSED  
(ADVANCE VOUCHER)

☐

NORMAL WORK DAY 8:00am TO 5:00pm

YEAR 2011

ACTUAL  
(RECOUPMENT VOUCHER)

☒

DATE TIME SHOW AM OR PM

DEPARTURE

ARRIVAL

CHARACTER OF EXPENDITURES  
ENTER DESTINATION, NATURE, OF OFFICIAL  
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ODOMETER READINGS  
ENTER START  
AND FINISH

NO. OF  
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

4/1/12 4:00 AM

Depart Ruidoso to Santa Fe to attend meeting with Cabinet Secretary

MAP

205

84.05

135.00

219.05

4/2/12

Overnight  
Santa Fe rates apply\*  
Map miles-205

135.00

135.00

4/3/12

Overnight  
Santa Fe rates apply\*

135.00

135.00

4/4/12

Overnight  
Santa Fe rates apply\*

135.00

135.00

4/5/12

Overnight  
Santa Fe rates apply\*

135.00

135.00

4/6/12

4:00pm

Depart Santa Fe to Ruidoso  
map miles-205  
partial day per diem-12 hrs

MAP

205

84.05

30.00

114.05

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL

☐

APPROVED RATES

☒

Employee Signature

Date

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

TOTALS

410

168.10

705.00

873.10

Advance Amount  
(@ 80%)

Adjusted  
Reimbursement

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DfA Regulations Governing the Per Diem and Mileage Act.

I, Richard Adam, MD  
do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the  
DfA Regulations Governing the Per Diem and Mileage Act.  
PAYER SIGN HERE X

Richard Adam, MD  
4/1/12

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Richard Adams	Position:	OFM, CMO
	Department ID and Fund:	6001001000	Telephone:	575-706-8931
	Post of Duty:	Ruidoso PH	Residence:	Ruidoso PH

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input type="checkbox"/> Check if state vehicle		<input checked="" type="checkbox"/> Check if personal vehicle		License #:	LTR613
	Year:	2011	Make:	Ford	Model:	Explorer

<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request:		04/02/12		Destination:		Santa Fe		
	Departure Date:		04/01/12		Time:		4:00 AM		
	(month/day/yr)				Return Date:		4/6/12		
						Time:		4:00 PM	
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:									

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: 410 @ .41 per mile	\$ 168.10
546800: Registration – Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only: 5 @ \$135/day	\$ 675.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 873.10
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 873.10
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Employee Signature

Date

Supervisor/Bureau Chief Signature

Date

Division Director/Hospital Administrator  
(As per specific division requirements)

Date

Cabinet Secretary Signature  
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date